

**MANASQUAN SCHOOLS CODE OF CONDUCT AND EXPECTATIONS
INFORMED CONSENT AGREEMENT**

Student Name _____
(Please Print)

Grade _____

AS A STUDENT:

- I understand and agree that participation in athletic and/or extracurricular activities is a privilege that may be withdrawn for violations of the **Code of Conduct and Expectations**, hereinafter **Code of Conduct**.
- I have read the **Code of Conduct** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Code of Conduct**.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any athletic program and/or extracurricular activity, I will be subjected to random urine drug testing, and if I refuse, I will not be allowed to practice or participate. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student within the Manasquan School District.

Date _____

Student Signature

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Code of Conduct** and understand the responsibilities of my son/daughter/ward as a participant in athletics and/or extracurricular activities in the Manasquan School District.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.
- I understand that my son/daughter/ward, when participating in athletics and/or extracurricular activities, may be subjected to random urine drug testing, and if they refuse, will not be allowed to practice or participate. I have read the consent on the reverse of this form and agree to its terms.
- I also understand that if my son/daughter/ward has completed their season and does not intend on participating in other activities for the remainder of the year, I may remove them from the random program with a signed consent to Designated Official. Failure to do so is my consent to offer the deterrence of random drug testing for my son/daughter/ward until the end of the testing year.
- I understand this is binding while my son/daughter/ward is a student within the Manasquan School District.

Date _____

Parent/Guardian/Custodian Signature

Parent/Guardian/Custodian Name (print)

Home Phone Work Phone